

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/555559	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51		/			
2	/		/				52		/			
3	/		/				53		/			
4	/		/				54		/			
5	/		/				55		/			
6	/		/				56		/			
7	/		/				57		/			
8	/		/				58		/			
9	/		/				59		/			
10	/		/				60					
11	/		/				61					
12	/		/				62					
13	/		/				63					
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44	/		/				94					
45	/		/				95					
46	/		/				96					
47	/		/				97					
48	/		/				98					
49	/		/				99					
50	/		/				100					
TOTAL IND.	61		58				TOTAL IND.					
TOTAL DEP.	61		58				TOTAL DEP.					
TOTAL CLAIMS	62		59				TOTAL CLAIMS					